Suicide: Battling With A Global Epidemic One Community At A Time
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Suicide is a global epidemic, taking one million lives each year around the world. According to National Institute of Mental Health (NIHM: taken from http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml), there are over 30,000 completed suicides in the US each year; approximately 10 times as many attempts; and 10.5 million people experience suicidal ideation. Colorado is consistently among the top 10 states for high suicide rates. By this count, it would be extremely likely that each one of us here in the UCCS community either thought about suicide, or encountered at least one person who has thought about suicide in some capacity in the past year. Since epidemics do not discriminate, this one person may have been a student, staff, or faculty; and we may or may not have been aware of this fact.

When we look at the studies that investigate populations that represent our students, we see that the suicide rates for younger people are not that different than those of general population. In their large study with 6483 adolescents and their parents Nock et al. (2013) found that estimated lifetime prevalences of suicide ideation, plans, and attempts among the respondents are 12.1%, 4.0%, and 4.1%, respectively. Nationally 1 in 12 college students seriously contemplate suicide. Among 15-24 year olds, suicide is the third leading cause of death after accidents and homicides; and second leading cause in college-age students, after accidents (Norcross & Guy, 2007; as reported in Meichenbaum, 2008). Suicide behaviors are most frequently associated with psychological challenges, with which individuals have a hard time coping. Especially important for our campus at UCCS, in a recent study Rudd, Gaulding, & Brian (2011) found that of the veteran student participants 35% reported severe anxiety, 24% reported severe depression, 46% reported symptoms of posttraumatic stress disorder, and 46% reported suicidal ideation. Those student veterans who reported suicidal ideation, 20% reported a suicidal plan, 10.4% reported passive ideation “often” or “very often,” 3.8% reported they would “likely” or “very likely” attempt suicide, and 7.7% reported having made at least one attempt already.

Suicidal impulses and behaviors are largely temporal, transient, and situation-specific, except when the individual has a history of being chronically suicidal (Berman, Jobes, & Silvrman, 2006). Suicide intent is state dependent and tends to wax and wane. Most people who die by suicide have given some prior warning or communicated their intent to others (Silverman & Glick, 2010). Hence, community members are potentially in a life-saving position. On the other hand, historically and cross-culturally the topic of suicide has always been difficult to disclose, discuss, and address openly. Those who are thinking about it find it hard to disclose it to the very people who could help; and those around them find it difficult to ask about it and address it openly. Some think they would be burdening others if they ever disclosed what they have been going through; while others think if they asked how their loved ones are doing and if they have been thinking about killing themselves openly, they would be giving them ideas. Some think no one loves them enough to care if they disclosed their suicidal thoughts; while others think because they have not been very close, they would create discomfort and awkwardness if they asked about personal matters. Yet others consider the social and religious attributions about death and dying in general, suicide in particular to keep the topic a taboo in communities. This very pattern may constitute a part of the reason for suicidal behaviors’ frequency.

Studies and related theories consistently emphasize the importance of forming close-knit communities that have cultures that allow its members take responsibility for and contribute to the wellbeing of its individuals. For example, whereas in general population suicide consistently shows a spring peak over the calendar year; in a study of 309 participants Van Orden et al. (2008) found higher levels of suicidal ideation in the summer semester, compared to fall and spring semesters in a university campus. The authors explain this discrepancy using Joiner’s (2005) theory proposing that the need to belong is fundamental in suicide. According to this theory, when the need of belonging is met it can prevent suicide and when thwarted, it can substantially increase the risk of
suicide. This suggests that every person in our community has both a responsibility, and an opportunity to make a difference in the others’ lives.

The shared responsibility only becomes effective when individuals are aware of resources available to them when they encounter difficult situations and have concerns for each other. Recognizing the enormity of the problem and the importance of collective mindfulness on the issue, John W. Hickenlooper, Governor of the State of Colorado, proclaimed the week of September 8, 2013, suicide prevention week. In his proclamation, he mentioned public and private organizations like the Carson J. Spencer Foundation, the Colorado Department of Public Health & Environment and the Colorado State Employees Assistance Program as proven leaders in helping prevent suicide through individual counseling and programs like the Suicide Prevention Lifeline, Working Minds and Man Therapy. For UCCS staff and faculty, in the Colorado Springs area Scott Cassidy (719 357 7313) is the State Employees Assistance Program service provider. UCCS Office of Human Resources (719 255 3372) is can provide further information about the services available for the state employees. For UCCS students, University Counseling Center (719 255 3265) is available to provide direct clinical services for suicide prevention and consultation for planning for the best course of action when concerned individuals call with questions. Student Response Team (SRT: http://www.uccs.edu/dos/student-response-team-%28srt%29.html) is another resource for UCCS community when community members have concerns and need assistance to provide support and bridge services for those they care about. If the situation is urgent, UCCS Department of Public Safety (719 255 3111) has officers ready to respond 24/7. Please ask questions and speak up! We can live in a healthier, safer world when we all take part in the efforts.

References